

Student Laboratory Participation Agreement

Radiologic Technology Program



I, (name) _____, agree to participate in Indian Hills Community College Radiology Program laboratory activities. During the laboratory experiences I will role-play as a professional radiographer and patient. I will be expected to have physical contact with other students while learning various radiographic procedures, blood pressures, pulse, respirations and venipuncture.

Name: _____

Signature: _____ Date: _____